									Application or Docket Number			
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003									10684318			
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OF		R THAN ENTITY
Ŧ	OTAL CLAIMS	21					RATE	TFEE	֓֞֓֞֓֓֓֓֓֓֓֟֓֓֓֟֓֓֟֓֓֟֟ <u>֟</u>	RATE	FEE	
F	OR		R FILED	NUMBER EXTRA			BASIC F	365.00	OR	-		
1	OTAL CHARGE	21 "	inus 20=	• 1			XS 9.		OR			
IN	DEPENDENT C	5.	ninus 3 =	・2	2		X43=	-	OR	-	172	
М	ULTIPLE DEPE	NDENT CLAIM F	PRESENT					+145=	1	1		I C
• }	the difference	e in column 1 is	less than :	ess than zero, enter "0" in column 2.				TOTAL		OR		
	2. CLAIMS AS AMENDED - PART II								· L	JOR		plco
. (///5 /6C (Column 1) (Column 2) (Column 3)								. EMTITY	OR	OTHER SMALL	
AMENDMENTA		CLASIS REMARDIO AFTER AMENDMENT		HIGH HUMA PREVIO PAID	SEA USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ş	Total	. 21	Minus	- 2	1	. —		XS 9=		OR.	X\$18=	
AME	Independent	. 5	Minus _.	ع		· -		X43=	1	OR	X88≈	
L	PINST PRESE	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM			+145=		OR	+290=	
							L	TOTAL DOIT, FEI		On	TOTAL	
	(Column 1) (Column 2) (Column 3)									J~	ADOIT. FEE	
ENT B	12-1405	CLABIS REMAINING AFTER AMERIOMENT		HIGHE NUMB PREVIOUS PAID F	ST ER USLY	PRESENT EXTRA	1	RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 20	Minus	-2		- /		X\$ 9=		OR	X\$18-	
¥	Independent FIRST PRESE	NTATION OF MIL	Minus :	- (2 044	- /	Ī	X43s	7	OR	X86-	
			×10 CL 0C	CHUENT		——	ſ	+145=	7	OR	+299-	
						200	A	YOTAL DOTL FEE		OR ,	JOYAL DOT, FEB	
<u>3</u> -	29-06			Colum		(Column 3)		•				
ENTC		CLAMS REMARKING AFTER AMERICMENT		HIGHE MUMBI PREVIOU PAID F	ER ELY	PRESENT EXTRA	ſ	RATE	ADOI- TIONAL FEE		PATE	ADOI- TIONAL FEE
AMENDME	Total	:20	Minus	- 2	/	. 0	Γ	X\$ 9=	7 5-5-	OR	X\$18-	
1		• چې	Minus	- 3		• 6	F	X43-		. •	X86-	/
1	FIRST PRESE	NTATION OF MU	LTIPLE DE	PENDENT (MIAL		H			OR	~~	-}-{
• #	If the entry is column 1 to less than the entry in column 2, write "O" in column 3.									OR [+290=	
TO BE TOPHONE Number Productly Paid For IN THIS SPACE is less than 20, enter 20. ADDIT. FEE												
11	to Tighest Hurt	er Proviously Paid	For (Rate) or	Independent	in the	highest aumber	layor:	in the app	ropriete box	in colu	1 ,	